(Legislation) of the second se Self Committee of the C The course of the Company of the Com m - white the fill a month of my ALTERNATION OF THE STREET, AND ADDRESS OF THE ST

M

ARYLAND ST.	ATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
7968	CERTIFICATE	OF	DEATH	R

1. PLACE OF DEATH o. COUNTY Garrett MARY	YLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTGarrett
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  Lake Park,  50 yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF First Middle OFCEASED (Type or print) Myrtle Gowel	r Bittinger Death July 12, 1959
5. SEX Female  6. COLOR OR RACE Widowed  Never Marrie Widowed  DIVORCE	Tr 7 OW 7 OOR   IOSt Dirthdoy) Months Days   Hours   Min
100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS Conducting most of working life, even if refired)  House Wile Own Home	DR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Maryland.  12. CITIZEN OF WHAT COUNTRY?  U. S. A.
13. FATHER'S NAME Jacob Henry Gower	Julia Ann Lower
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (15 yes, give wor or dotes of service)	Ray E. Bittinger Mt. Lake Park, Md.
CATI	Sclerasio Sycass  Sclerasio Sycass  Sath But not related to the terminal disease condition given in part 1(0) 19 Was autorsy performed?  YES NO!
206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o. m., p. m. 19  20d. INJURY OCCURRED While Not while at work of our work of the control o	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bidg., etc.)
21. I certify that I attended the deceased from 9/12 alive on 7/11/59 19 59 and that ACTUAL SIGNATURE FLUX ELLENGE Mance, M.D.  PHYSICIAN'S Andrew E. Mance, M.D.	death accurred at \$30AM, from the causes and an the date stated above.  ADDRESS (Street, city or town, stole)  DATE SIGNED
	Cometery Oakland, Md. (Stote)
23/FUNERAC DIRECTOR'S SIGNATURE ADDRESS OA!	kland, Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE: UL 2 2'59  Galleng & Kraus

he. . . . . SELECTION VENEZUE

M

V\$ A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 7969

1. PLACE OF DEATH b. COUNTY Ga.	rrett		MARY	LAND	2. USUAL RESIDE a. STATE	NCE (When		lived. If instituti b. COUNTY		nce before		ion)
b. CITY OR TOWN ( RURAL ond give n		ts, write	6 hours	IN 1b		wn (If out		ote limits, write f	URAL and	give ne	arest towr	1)
OR INSTITUTION	AL (If not in hospital, g				d. STREET ADI	300 - 0 20-0 + 41	11					FARM?
3. NAME OF DECEASED (Type or print)	Fir Fran		Middle		Lou Polvard		4. DATE OF DEATH	Mar July	nth	De 3	•	Year
s. sex	6. COLOR OR RACE	7 MARR	NEVER MARRIE	ED 🗍	B. DATE OF BIRTH	1877	,	9. AGE (In years lost birthday)	IF UNDE Months	Doys	IF UND!	1
10a. USUAL OCCUPATION during most of wor PATMET  13. FATHER'S NAME	ON (Give kind of work i king life, even if retired	)	kind of Business o	R INDU:	STRY 11. BIRTHPLAC	t Vir	ginia		12. CI	TIZEN C	OF WHAT	COUNTRY
John	M. Bolyard						rshma	n				
IS. WAS DECEASED EVE [Yes, no. or unknown]	R IN U. S. ARMED FOR If yes, give wor or doles of s		SOCIAL SECURITY NO.		ora Bolya		Pox	Add	ress Tre 11:	in.	d.	
Conditions, if a gove rise to i couse (o), stating lying couse lost.	mmediate (	B	tater.	P.		Λ				-	246	
CATIC		WIL.	+7						VEN IN PAI	RT 1(o)	PERFO	AUTOPSY RMED?
	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRE	O. (Enler nature of i	injury in Po	ert F or Port	Il of item 18.)				
ZOC. TIME OF INJUR Hour o. m, p. m.	Y Month, Day, Yes	20d. It While of work	Not while	20e. PL/ foo	ACE OF INJURY (Ho lory, street, office b	ome, farm, oldg., etc.)	20f. (City	or town)	(	(County)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		easte	er, Jr	death	M.D	:00 A Al 2-4 land,	M, fram DDRESS (Sir	eet, city or town.	and on (state)	the do	te state	decease ed abavi ATE SIGNE
BUPTAL Specify	7/6/1959		Mt. ISPAC		R CREMATORY Cometery			ion (ciry, to ).] Fellows			W.	Va.
23) FUNERAL DIRECTOR	S SIGNATURE	-,	ADDRESS Oak	lan	d. Md.		BY REGISTR		STRAR'S SI			

AT JEGINTEAN AND AND WEATHARD PLATE OF AUTOMATION HITAERSO STADRINGSOM BRET 

1	1	Item 20b Film 245 2-20-59 and ANNUAL CONTINUE AT SECOND 18	
FOR STA	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1
	PT.	Reg. Dist. No. 11/15  PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	1
9 9 £ /	(C)	o. COUNTY b. COUNTY	
Poge files.	133	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	
r your fill	W	and give nearest foun)	
irector.		Rt.40, Long Stretch, R' bg. Avilton  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e IS RESIDENCE.	CE
is need to be	X	ON A FARW YES   NO	47
fune fune fune fort feat		3. NAME OF DECEASED 2 First Middle Lost 4. DATE Month Day Year	
2 5 5		(Type or print) DONNIE LEE DIREIDANDEN DEATH 7 13 195	5
the office of		5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (in years lost birthday) Months Days Hours Min.	RS
1 3 M		Female   White   WIDOWED     Feb. 15th, 1951   8 yrs.	
ge ge		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNT during most of working life, even if retired)	rry7
Pog Fog		None Maryland USA	
hours offer Pages 1 mm PM3.	1	13. FATHER'S NAME	
thin 24 haurs of 8. Give Pages with form PM3, mit. File pages in any prefit with		Roy Broadwater Diona Crowe	
File File		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  [Yas, no, or unknown) [III yas, give war or dones of service]	
E = .0		Roy Broadwater, Avilton, Md.	
cuted within 18. e along winsit permit and in		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: FR A L. 2 = 1	-
are de la		IMMEDIATE CAUSE (a)	u h
ocil in Office	V	812 X DUE TO	
* E O E E		Conditions, if any, which by PARICE / / CC/C	
in property of the property of		(a), stoting the underlying DUE TO	
ding" in Examine d as a b		View and the second sec	SV
	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES \( \text{NO} \) NO \( \text{L} \)	
P edi		206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I or Part II of item 18.)  Struck by suttomobile when crossing road Rt. 40 6 mi	
he Me Hief We shauld he burial		1 West of Prostning, Marviana	
Chichert of the transfer of th	, ,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) (County) (State Hour of the point o	a)
Zpeeb	11		7-1-
Pog Pog		21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in n	пу
ded, Ex		opinian death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner	
Mifficat Ward RECTO		ACTUAL CHIEF MEDICAL EVANUATED DATE SIGNED	
MEDI e dert poe		SIGNATURE M.D. CHIEF MEDICAL ENAMINER	
Essi PA	2	EXAMINER'S I H PE AS LEA, On a D DEPUTY MEDICAL EXAMINER ( ) - 13.35	
DEFUT execute 4 shauld FUNER		220. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Store)	
0 2 4 0 2		Burial 7-16-59 Mt. Zion Cemetery Garrett County, Md.	
	×	24 DECISTORY DIRECTORY SIGNATURE ADDRESS 240 DECISTORY 240 DECISTORY 240 DECISTORY SIGNATURE	
VS. A15ME 5M 2/57	1	Joseph R. Durst, Frostburg, Md.	

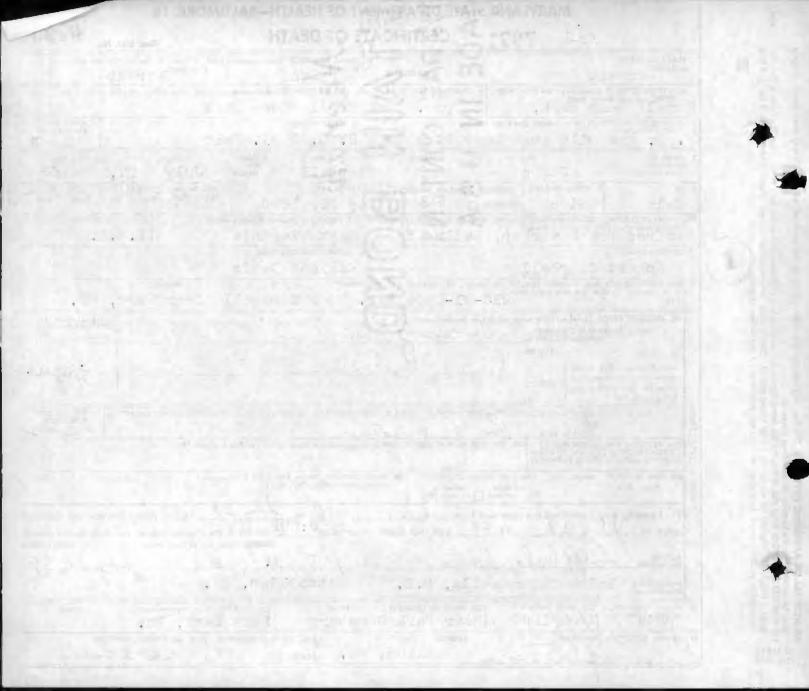
Lot thought have been sell and AND A STREET OF A STREET PARTY OF A STREET AND A STREET A the reminers , trees , moreon

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7971

**CERTIFICATE OF DEATH** 

		PLACE OF DEATH D. COUNTY Garret	t	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE INATYLAND b. COUNTY arrett.	
	-	RURAL and give nea	autside carporate limits, write rest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Y Rural Deer Park	
	-	d. NAME OF HOSPITA OR INSTITUTION	L (If not in haspita), give street mile west D	address)	d. STREET ADDRESS R. D. 1 mi. West  ON A FARM? YES NO	
		NAME OF DECEASED (Type or print)	James	Middle Hugh	Campbell 4. DATE Month Day Year Of DEATH July 27, 1959	
	5. 5	sex Male	6. COLOR OR RACE 7. MAR White widow		B. DATE OF BIRTH  May 30, 1886  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HR: lost harlhday)  yrs.  Manths Days Hours Min.	
	100 R	usual occupation during most of working the tred I'm	N (Give kind of work done 10b. ng life, even if retired) CRCK WOLKER,	Railroad	USTRY 11. BIRTHPLACE (State or foreign country)  West Virginia  U.S.A.	RY?
1		FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
1			Campbell		Malinda Davis	D
	{Ye:	WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.		rs. Dora Campbell Deer Park, Md.	
		PART I. DEAT	H [Enter only one cause per li H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Covorces	Flewouleris Interval Between	
		420.1	DUE TO		89.	
		Candilions, if an gave rise to im couse (a), stating the lying couse last.	mediate Dus TO	my mer	on sagar	_
)	CATION			CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z	
	CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING   { F EITHER, NOTIFY A	CAUSE OF DEATH	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	While	T.	PLACE OF INJURY (Hame, farm, 20f. (City or lawn) (Caunty) (State actory, street, affice bldg., etc.)	)
		alive an	1 attended the decear	Sed from A	th accurred at 5 00P M, from the causes and an the date stated aba  ADDRESS (Street, city of town, state)  DATE SIGN	ive
1		SIGNATURE PHYSICIAN'S R	alph Calandr	alle M D	Kitzpiller. Md.	-
		NAME (Type)				
		HEMOVAL Specify	7/30/1959	Deer Park	(0,010)	
	23.	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS Oakland	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 240. DATE AUG 4 '59 Orthur S. House	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission a. COUNTY b. COUNTY Granett Garrett MARITANO b. CITY OR TOWN (If outside corporate finish, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) XAccident R.D. Accident R.D. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A. STREET ADDRESS 3. NAME OF First Middle 4. DATE -DECEASED OF DEATH DITTOM (Type or print) DIAMA ET ATME T11 7 37 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS WIDOWED [7] DIVORCED T Femsle 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Cumberland. Md. none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edison Durst W 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address G<sub>Y</sub>e Durst. Accident. R.d. Md. Frs. Lula 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) JRALY, REJ **DUE TO** Conditions, if any, which ] gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Not while⊡ factory, street, affice bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held on Autopsy [], Inspection [K], Inquiry [7], and find that death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined cause 📞 🤏 🕖 <sub>M.D.</sub> CHIEF MEDICAL EXAMINER 🔲 FUNERAL O ASSISTANT MEDICAL EXAMINER TEASTER IN THE ODEPUTY MEDICAL EXAMINER D NAME (Type) 220 BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Grantsville Grantsvill : Garrett Co. . 3 חלי של של הנו דם למנונו ADDRESS

VS. A1SME(S) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Grantsvillo, Md. DATE JUL 27'59

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Orthur & Thousa

e. IS RESIDENCE

ON A FARM? YES IT NO [

1959

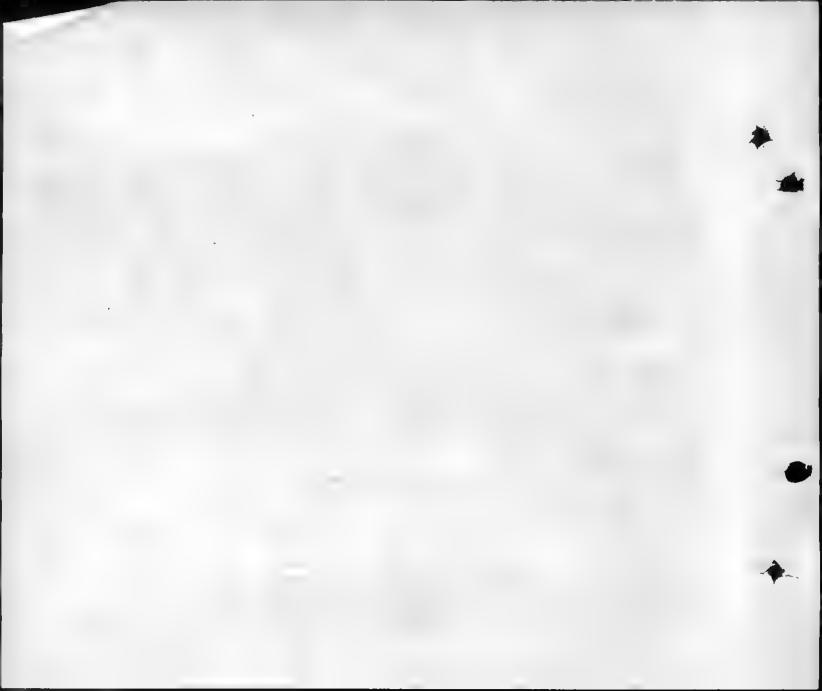
ONSET AND DEATH

PERFORMED? YES NO 🖃

DATE SIGNED

(Sinte)

(Slate)





			MAI			ATE DEP					TIMORE,	. 18		07	055
				797	14	CERT	IFICA	re of c	EAII	1		F	tag. Dist.	No.	001
		LACE OF BEATH				RAM	YLAND	o. STATE	DENCE (Wh		I lived. If insti b. COUN	ITY	Residence	before admis	ss'on)
	Ŀ	RURAL ond give ne	f outside corporate forest lown)	e limits, wri		ength of state		c. CITY OR 1	OWN (If a	ulside corpo	role limits, writ	e RUR	AL and give	e nearest low	m)
		NAME OF HOSPIT	AL (If not in hospi			•		d. STREET A	DORESS	* * *				e, IS RE ON YES E	A FARM?
Ì		NAME OF DECEASED Type or print)	J.`	First		Middl	e	Los	t	4. DATE OF DEATH	ر ت ت	Month	*	Day	Year
	5. S	EX	6. COLOR OR R		WARRIED [			DATE OF BIRTI			9 AGE (In you			EAR IF UND	
	10o.	usual occupation during most of work arrenter	ON (Give kind of ving life, even if re	work done etired)	Gene	_	OR INDUSTR	Y 11. BIRTHPL	ACE (Stote	or foreign c	ountry)		12. CITIZE	OF WHA	T COUNT
		JOT MANE						14. MOTHER S	MAIDEN N					39.7	
	15 (Yux	WAS DECEASED EVEL	U	FORCES?		IAL SECURITY N		ORMANT T 7	7 -	to allow the		Addres:	\$ 7	~	20
		Conditions, if or gove rise to it couse (o), stoling lying couse lost.	TH WAS CAUSED IMMEDIATE CAU  DU  ny, which mmediote the under-	(b) (c)	yes	ardia,	1 7/10 V Jo	utur	Q) az	001	tiffers	rof.	5 luj	STERVAL BONSET AND	D DEATH
J	CERTIFICATION	PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	IER SIGNIFICANT  IS UNDERLYING [			RIBUTING TO D							I IN PART I	PERF	S AUTOPS ORMED? NO [
		(IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour o. m.  p m.		, Year 20	/hite	Y OCCURRED Not while of work	20e PLAC foctor	E OF INJURY ( ry, street, office	Home, form bldg., etc	), 20f (City	or town)		(Cou	inly)	(51a)
		21. I certify the olive on Jacoba ACTUAL SIGNATURE	ot I attended	the dec	ceased f		t deoth o	, 19.45 occurred at	700	M, fron	D 194	s on	d on the	date stol	
1		PHYSICIAN'S NAME (Type)		<u> </u>			m,				7 A	-6-5			
	220	BURIAL CREMATIO		1959	Ce Ce	NAME OF CE	Cein	etery		Oak.	ion (city, lov land,	Md.	county)	(Sto	ole)
	-	BUNERAL DIRECTOR'S	C. C	,		ADDRESS				D BY REGIST				ATURE	



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	emotion	A	1
	to buriol, cremotion		
5	to bu		Con.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7975 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07958

Reg. Dist. No.

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. (f Institution: Residence before admission)							
	Garrett MARYLAND	o. STATE Maryland. b. COUNTY Garrett							
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Oakland, 6½ Hrs.	🕺 Rural Kitzmiller							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)	d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?							
,	Garrett County Memorial Hospital	4 Mi. N. Kitzmiller ves No □x							
		Harvey   4. DATE   Month   Doy Year   Death   July 14, 19 59							
		DATE OF BIRTH 9. AGE (In yours IF UNDER 1YEAR IF UNDER 24 MRS.							
		une 8, 1909 50 yrs. Mpnths Days Hours Min.							
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR' during most of working life. even if retired) Laborer & School Bus Driver	Y 11. BIRTHPLACE (State or foreign country)  Maryland.  12. CITIZEN OF WHAT COUNTRY?  U. S. A.							
		14. MOTHER'S MAIDEN NAME							
\	William W. Harvey	Birdie Blanche Wilson							
	Yes no ne unknown! I different roles and desire at connect.	FORMANT Address							
	220-10-2952 Trs	. Arvella Harvey R.D. Kitzmiller, Md							
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	NTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY: Hemopericardium	Sudden							
	1/5/Y DUETO								
	Conditions, if ony, which) & Ruptured Dissecting	aneurysm of aorta							
	gove rise to immediate cause (a), stating the underlying DUE TO								
	couse lost. (c).								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?							
1	5	YES NO							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20g. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH.	ter nature af injury in Port I ar Part II af item 18.)							
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	E OF INJURY (Home, farm, 120f. (City or town) (County) (State)							
	20c. TIME OF INJURY Month, Day, Year Haur 10, m. 19 Of work at work 10 at wor	y, street, office bldg., etc.)							
	21. I certify that I taok charge of the remains described abov	e, held an Autopsy KI, Inspection FI, Inquiry KI, and find that							
	death resulted fram: Natural causes 🖾, Accident 🔲, Suici								
		, Hollington II, Origination III							
	SIGNATURE COLORS	ALD CHIEF MEDICAL EXAMINER							
	, ,	ASSISTANT MEDICAL EXAMINER							
	EXAMINER'S James H. Feaster, Jr., M. D.	DEPUTY MEDICAL EXAMINER 7-15-59							
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CEMETERY OF								
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
	M. Leughlen . Oakland,	Md. DATE UL 21 '59 arthur S. Kinns							

VS. A15ME(5) 5M 9/55



1. PLACE OF DEATH 6. COUNTY Garrett		MARYL	NND	2. USUAL RESIL		re deceased	lived If institution b. COUNTY	on Residenc	e before (	admission)	
b. CITY OR TOWN (If outside corporate RURAL and give neorest town)	rote limits, write	c. LENGTH OF STAY IN	1 JP	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Rural McHenry,							
d. NAME OF HOSPITAL (If not in h	ospitol, give street of ng Home	ddress)		d. STREET A			<i>y</i> 3			IS RES DENCE ON A FARM? /ES 22 NO [	
3. NAME OF DECEASED (Type or print)	fini homas	Middle H •		Hawki:		4 DATE OF DEATH	July		Day 2,	Yeor 1959	
5. SEX 6 COLOR C		DIVORCED		DATE OF SIRTI			AGE (In years lost bullday) yrs.			UNDER 24 HRS fours Min	
100. USUAL OCCUPATION (Give kind Retired Farmer	of work done 10b. K	ind of Business or vn Farm	INDUST	1	Vire		intry]	12. CITI U. S		WHAT COUNTRY?	
13. FATHER'S NAME Marion Hawki	ns			14 MOTHER'S	MAIDEN NA						
15. WAS DECEASED EVER IN U. S. AR.  Yes no or unknown    II yes, give word		OCIAL SECURITY NO		HORMANT die Pi	ggot	E	Add nterpri		W. V	Ja.	
18. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAU IMMEDIATE IN CONDITION OF THE PART II. DEATH WAS CAU IMMEDIATE IN CONDITION OF THE PART II. DEATH WAS CAUSED ON THE PART II. OTHER SIGNIFICATION OF THE PART III.	DUE TO  (b)  DUE TO  (c)	bronic	HBUTN	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	nea 'EN IN PART	ONSET	AL SETWEEN AND DEATH AND THE SET OF THE SET	
PART II. OTHER SIGNIFICATION  200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING MONTH, IT SEEDS TO CONTRIBUTING MONTH, I	MINER)	RISE HOW INJURY OCCURRED 2	Oe. PLA	CE OF INJURY (I	Home, form,	20f (City o		(C		ES NO (Stole)	
20c TIME OF INJURY Month, Hour o m. p. m.  21. I certify that I attend alive on	5 . 12.5 1 A. Je	-4	leath	· 770	7 451	M, fram	the Causes of set, city or touch, Include	that I lead on the	ast saw	the deceased stated above DATP SIGNED	
220. SURIAL CREMATION, 226 DATE SEMOVAL (Septity) 17/6/	THEREOF	name of cement o	ERY OR	CREMATORY	* * * * * * * *	22d LOCATIO	on (City, town, o McHenr	or county)	d.	(Slate)	
23 JUNERAL DIRECTOR'S SIGNATURE	tou	ADDRESS Oak	lan	d, Md.		BY REGISTR		STRAR'S SIG			



TO DEPUTY MEDICAL EXAMINER certificate should be executed within 24 hours ofter death. If the delay is necessary, please execute the certificate, writing the way pending" in pending in Item 18. Give Pages 1, 2, and 3 to the present circle director. Page 4 should be forwarded. We chief Medical Emaminer's Office along will form 1843, Page 5 may be attained for your files.

TO FUNERAL WRECTOR: Page 3 should be used as a burial-transit permit. File pages 3 and 2 with the registrar pages a busief cremation, or removal.

Vs. A15ME(5) 5M 9/55 Х

MARYLAND STATE	DEPARTMENT	OF HEALTH-	RAITIMORE.	18
			*	
MEDICAL EX	A MAINIEDIC C	EDTIE! CATE	OF DEATH	
7977 MEDICAL EX	MAMMAEK 3 C	EKTIFICATE	OF DEATH	- 10

Reg.	Dist.	No.	11	7	9	61	)

1. PLACE OF DEATH C. COUNTY Garrett	MARYLAND	a. STATE Many	here deceased lived. If institution b. COUNTY	n: Residence before admission)  Charmentt
b. CITY OR TOWN (If outside corporate limits, write BURAL C. L.	ENGTH OF STAY IN 1b		outside corporate limits, write RU	Graz - Dro
and give negres) lown)	19 yrs.	1	coning	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		d. STREET ADDRESS	SUITING,	e. IS RESIDENCE
				YES NO
3. NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) MARGARAM	IZUSUMH H	LTZ	OF DEATH July	1 19 50
5. SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	hard hard at 1	UNDER TYEAR IF UNDER 24 HRS.
Firle white WIDOWED 5	OLYONGED []	r 23, 1870	O ( ) yrı	Ipnths Days Haurs Min.
10g USUAL OCCUPATION (Give kind of work done 10b. KIND of during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	home	Garrett Co	o., Md.	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Nelson Vilhelm		111	en . Tarrie	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	L SECURITY NO. 17. IN	ORMANT	Address	
	The	omas Hetz.	RFD. Lonacor	ning Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a)	, (b), and (c). }			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	orard	Lx +191	0 (+16)	I d, 1 1.
bue to				
Conditions, if any, which) (b) 1712	Lemoss lev			FLANS
gove rise to immediate cause ( (a), stating the underlying (DUE TO				
couse lost, (c)		<u>-</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BLTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	HALDISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS ALTOPSY PERFORMED? YES NO 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	V INJURY OCCURRED. (Eni	er nature of injury in Port	f or Part II of item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJUR		OF INJURY (Hame, farm,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJUR' While of work 19 of work 1	MAN MILLS .	y, street, office bldg., etc.)		
21. I certify that I took charge of the rema	ins described abov	e, held an Autopsy	, Inspection ,	Inquiry , and find that
death resulted from: Natural causes				
	1			
SIGNATURE LA COLLAND	1 + 6 1	M.D. CHIEF MEDICAL EXA	MINER 🗍	DATE SIGNED
EXAMÍNER'S	V	ASSISTANT MEDICA	L EXAMINER	7-1-59
NAME (Type) I down 14 Frak !	-a su ! 1	DEPUTY MEDICAL E	XAMINER 🖪	/
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. P	NAME OF CEMETERY OR C	REMATORY	22d. LOCATION (City, town, or	county) (State)
2/1/50	St. Annle		Wilton Gen	cett Co. 184
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	BY REGISTRAR 246. REGISTR	AR'S SIGNATURE
Non Flewman Gr	ntsville.	Md DATE JI	7 '59 (7.7	Last



1.		7978	CERI		E OF DEAT			eg. Dist. No.	17961
	PLACE OF DEATH  a COUNTY		MAI	RYLAND	usual residence (\ o. STATE		b. COUNTY	Residence befor	
-	b CITY OR TOWN RURAL and give				c. CITY OR TOWN (I	RYLAND Foutside corpor LAND	ate limits, write RURA		
	d NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give	street address)		d. STREET ADDRESS 79 A	LDFR SI	REEL		ON A FARM?
3.	NAME OF DECEASED (Type or print)	First JULT	Midd A 1.10 HE1		Last HONARD	4. DATE OF DEATH	Month JULY	10	Year 19 59
5	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MAR	RIED 🔀 8.	DATE OF BIRTH	1			F UNDER 24 HRS
L	F		DIVOR		AR. 29, 1886		73 yrs	lanths Days	Hours Min.
L.	during most of wa	ION (Give kind of work don rking life, even if retired)				te ar foreign co	iuntry)		WHAT COUNTR
1	etiredros	chool Teach	her, in Ba.	ltimon	14. MOTHER'S MAIDEN	RYLAND		U.	S.A.
13					14. MOTHER'S MAIDEN		1251 0077		
15	Charle WAS DECEASED EV	ER IN U. S. ARMED FORCES	Y HOWARD	IO 17 INS	DRMANT	JULIA	ATINA COLE	MAN	
C	es, no. or unknown) no	(If yes, give war or dates of service	(e)			OLLY	79 ALDER	गत्रज्ञता	OAKLA'ID.
	Canditians, if gave rise to cause (a), stating lying cause last	the under-	HATERI	1501.	- (3,5	ι	V 1 th	7	* *
FICATION		THER SIGNIFICANT CONDIT						IN PART 1(o) 19	PERFORMED? YES NO
E	OR CONTRIBUTION	AS UNDERLYING (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY	OCCURRED (	Enter nature of injury i	n Pari I ar Pari	II af item 18.)		
L CERT			20d. INJURY OCCURRED While Not while	20e PLACI	OF INJURY (Home, for y, street, affice bldg., o	rm, 20f. (City	ar lawn)	(County)	(State)
MEDICAL CER	20c. TIME OF INJU Haur a. m. p. m.		at wark at wark	100101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	21. I certify t		at work at wark are ecceased from 17-		, 19 <u>&gt; 2</u> , to	7 - 15 PM. from	19.55 h	hat I last sa	w the deceas
		19	at work at wark are ecceased from. 17-		, 1922_, to ccurred at 2:30	PM, from	the causes and reet, city or town, sta	an the dat	e stated abay
	21. I certify to alive an	hat I attended the de	at work at wark are ecceased from. 17-	t death a	, 1922_, to ccurred at 2:30	PM, from	the causes and reet, city or town, sta	an the dat	w the decease e stated abov DATE SIGNI
MEDICAL	21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S	JA ES H. FEASON, 22b. DATE THEREOF	eceased from	or death a		PM, from	the causes and reet, city or town, sta	i on the dat	e stated aba



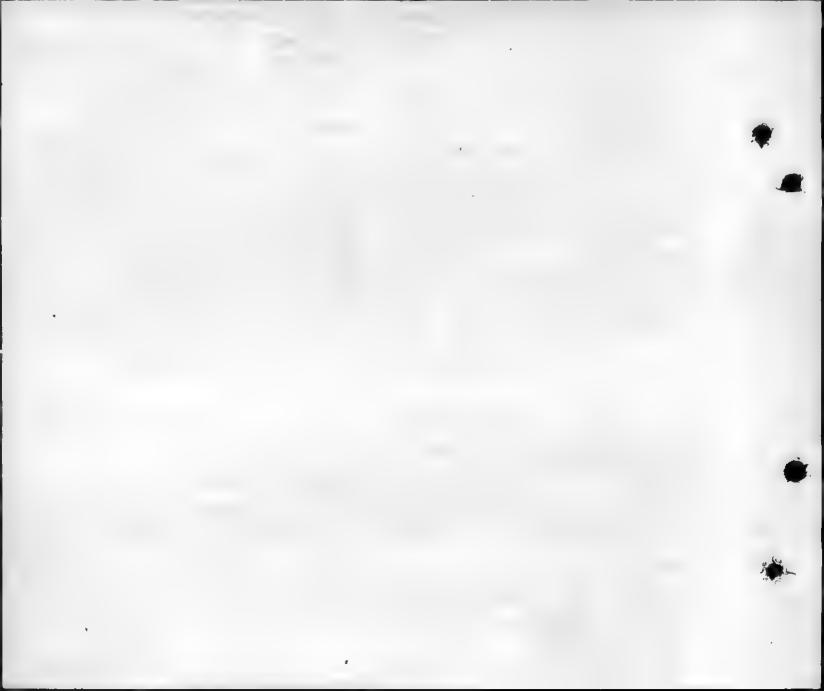
VS A15 (4) II5M 10/57

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<b>MARYLAND</b>	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
070	CEDTIEICATE	OF DEATH	

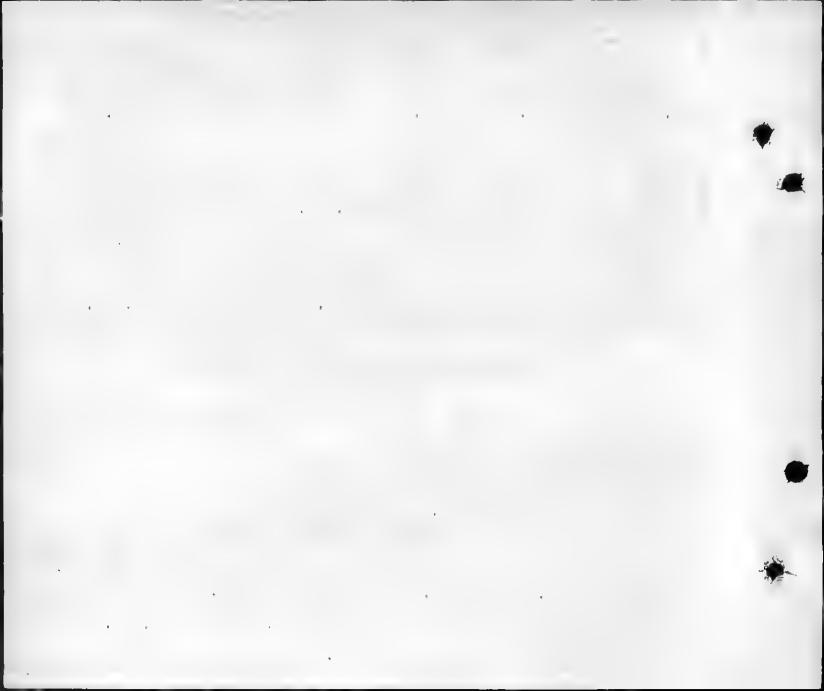
979	CERTIFICATE	OF	DEAT	iŀ

		COUNTY				ll l	USUAL RESIDENCE () o. STATE	Where decease	d lived. If institution b. COUNTY	on: Residence	before ad	mission)	
			Tello	6 Edd	MARYLAN	40	MAI	MIVALL	)	GA:	HET	im ±	
	t	<ul> <li>CITY OR TOWN (If RURAL and give nea</li> </ul>	outside carporate limi rest tawn)	its, write	c. LENGTH OF STAY IN	16	c CITY OR TOWN (I	f autside corpo	prote limits, write Ri	JRAL and give	nearest (	lown)	
		OAKT.			1/ days	>	F.	RIFILDS	VILLE				
	•	d. NAME OF HOSPITA OR INSTITUTION	L (If not in haspital, s	ive street	address)		d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
	0	· DEGA C	MANA MANA	MORT	AT HOSPITA	т ′						□ NO 🔼	
	3. [	NAME OF DECEASED	Fi	şl	Middle		Lost	4. DATE	Mon	th	Day	Year	
		Type or print)	AL	ICE	ESTELLA	H	HTERSON	DEATH	JULY		27.	19 %	
Н	5. 5	EX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED	8 D	ATE OF BIRTH		9 AGE (In years lost birthday)				
		F	T T	WIDOW	ED DIVORCED		1/17/11	N a	yrs yrs	Manths Do	ys Hou	Jes Min	
	10a	USUAL OCCUPATION during most of working	N (Give kind of work	done 10b	KIND OF BUSINESS OR II	NDUSTRY	11 BIRTHPLACE (Sto	te ar fareign c	country)	12 CITIZE	N OF WI	AT COUNTRY?	
		HOUSEW			vn Home		7,1407	CTANT			7 7	۸	
	13.	FATHER'S NAME				1	I. MOTHER'S MAIDEN	NAME					
			וזן אווא כיה,	الأ فريار				F	I A CET.	דד קדך			
/	IS.		IN U. S. ARMED FOR		SOCIAL SECURITY NO	7. INFO	RMANT		Addi	ess			
		no	74, 910 40 0 00 0 1			TUT	TWO R TH	* 1)	4	77 . 7	7,		
		18 CAUSE OF DEAT	H [Enter only one co	iuse per li	ne far (a), (b), and (c).	1 /		1.0				BETWEEN	
		PART I. DEAT	H WAS CAUSED BY	, Co	ardiac 1	Sta	ndslik	20			ONSET A	NO DEATH	
		420.1	DUE TO			7	1	-	11				
		Conditions, if an	v. which )	a.	Tensepte	I I	nyor an	deal	Infan	S			
		gave rise to im	mediate (	1 0		^ .	7 3	_					
		couse (a), stating the lying couse last	ne under-	Cen	inau (	2	tenos	laro	- Burkey 1				
	20	PART H. OTHE	R SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART I	a) 19. W	AS AUTOPSY	
	CERTIFICATION											REORMED?	
	TE	20g ACCIDENT WAS	UNDERLYING [	20b DES	CRIBE HOW INJURY OCCU	JRRED. (E	nter noture of injury i	in Part I ar Pai	t II of item 18 )				
	-	OR CONTRIBUTING [	MEDICAL EXAMINER)										
	MEDICAL	20c. TIME OF INJURY	Manth, Day, Ye			. PLACE	OF INJURY (Home, fo	rm, 20f (Cit	y or lawn)	(Cou	nty)	(Stote)	
	WED.	Hour a.m.	19	While of wor	k at wark	raciary	street, office bldg., a	B(C1)					
		21. I certify the	t Lattended the	decent	ed from. Z-	10	, 1957, la	. 7-	28, 195	That I law	A 4	<u> </u>	
		alive on 7-	714-59	10 3				A4 Francis	- the server	e,ingriigs	T SOW T	ne deceasea	
		dire di	7	7-/ 12-	z_z_, and mar de	am ac	curred atl.Q]	ADÔRESS (S	itreet, cit <u>y</u> ar town,	na an ine	date si	DATE SIGNED	
		ACTUAL SIGNATURE	de le	Le	a		Ta 900	cl A	060	11/	11/	2.2750	
,		SIGNATURE				M.D.	Interestal	CANACLA		164-		- ot - 1	
4		PHYSICIAN'S NAME (Type)	PPRO PT	TBS:A	. M.D.		मूल भूग	1517 (1127	TTH OF	* *	11	,	
	22o.	BURIAL, CREMATION	22b. DATE THEREC	F	22c. NAME OF CEMETER	RY OR CR	EMATORY	22d LOCA	TION (City, town, o	v country		Stote	
		REMOYAL ISPOSITY	7/29/19		Humberson			ear F	riendsv	ille,	Md.	Siolej	
	23 /	FUNERAL DIRECTOR'S	SIGNATURE	_	ADDRESS		24g. RE	C'D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGNA	ATURE		
	/	te dec	dulon	-	Oakland	d, N		JUL 31		rthun S.			



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SPITAL OR ATTENDING PHY:	be retained by the haspital or welling physician.		3 should metached for use as the burial-transit permit. Then please remove carbon dapars. Pages 1 on	ĺ
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2	8	Ä	3	ì

		MARYLAN	ND STATE DEPAR	RTMEN	NT OF HEALTH	-BALTI	MORE, 1	8		
		798	SO CERTIF	ICAT	E OF DEATH	1		Reg. Dist. No.		796
	1. PLACE OF DEATH o. COUNTY Ga:	rrett	MARYL	- 11	USUAL RESIDENCE (Who state Waryland	ere deceased la	b. COUNTY		re admissi	on)
		If outside corporate limits, wri	ile c. LENGTH OF STAY IF	V 16	E. CITY OR TOWN (IF o	utside corporat	te limits, write RU	RAL and give nec	arest town	)
	P.O. Baya	rd, W. Va.	22 yrs.	1/3	Post Offi	ce, Ba	yard.	W. Va.		
	d. NAME OF HOSPIT OR INSTITUTION	IAL (If not in haspital, give st	reet oddress)	,	d. STREET ADDRESS				e. IS RESI	DENCE FARM?
	across the	e river from	m Bayard, W.	Va.						NO 🔣
	3. NAME OF DECEASED	First	Middle		Lost	4. DATE	Mont	h Do	ly )	'ear
	(Type or print)	Mary	Elizabe	th	Kelley	OF DEATH	July	4	, 1	,59
	5. SEX	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED	В. С	DATE OF BIRTH	9.		IF UNDER 1 YEAR	1	
	Female	White wo	OWED DIVORCED	□ Se	pt. 11, 18	886	172 yrs	Months Days	Hours	Min.
	10a. USUAL OCCUPATIO	ON (Give kind of work done	106 KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	or foreign cour	ntry)	12 CITIZEN C		COUNTRY
	House Wor	king life, even if retired)	Own Home		Pennsylvan	nia		U.S.A.		
	13, FATHER'S NAME			ï	4. MOTHER'S MAIDEN N	AME				
	George				Minnie Jan	mison				
		R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFO			Addre			
	no			Hila	ry E. Kel	ley	Bayard	, W. Vs	я.	
		ATH [Enter only one couse por the couse por the couse por the couse (a) [MMEDIATE CAUSE (a) [MMEDIATE CAUSE (b) [MMEDIATE (b) [MMEDIAT	er line for (o). (b). and (c) A	al j	Appestus	My C	field	1/ INT	ERVAL BE	DEATH
	Conditions, if o	mmediate	Exterios	Per	hees	1 1		2	52 Je	1119
	couse (a), stating lying cause lost.								/	•
		J (c) (c)	NS CONTRIBUTING TO DEAT	H BUT NO	T PELATED TO THE TERMI	MAI DISEASE O	ONDITION CIVE	NI INI DART 1/ml 1	O WAC A	UTOPSV
7	OH THE TIME	TER DIGITAL CONTOURS	CONTRIBOTATO TO DEPT	<u></u>	THE TERMIN	AVE DISEASE C	-CADITION GIVE	34 IIA LWKI 1801	PERFO	RMED?
		AS UNDERLYING   296.   CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED (I	Enter noture of injury in P	art I or Part II	of item 18.)		159	NO 🗍
	20c. TIME OF INJUR Hour o. m. p. m.	w	od, INJURY OCCURRED  hile Not while work 0 of work	Oe PLACE factory	OF INJURY (Home, form, street, office bldg., etc.	20f. (City or	r town)	(County)		(Stole)
	21. I certify the	at I attended the dec	eased from 7 959, and that	fran Jeath ac	., 1947, to 30 P	o June		that I last so		
1	ACTUAL SIGNATURE	ridien ?	Mance	M.D			et, city or town, s		Steel	TE SIGNE
			nce, M.D.			nd, Mo		0	1	1
	REMOYAL (Specify)	A 7'	Fairview			mear •	City, town, of Gorma		(Stote	)
	23 FUNERAL DIRECTOR	SSIGNATURE	ADDRESS	0 20 63		BY REGISTRA	AR 24b REGIS	TRAR'S SIGNATUI	RE	
	Or X	elef he wo	Uaki	and,	Mid . DATELL	9 '59	Chun	-7 & Hans		



VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7981 CERTIFICATE OF DEATH

07964

	PLACE OF DEATH o. COUNTY	rrett			MARYLAND	2 1	JSUAL RESIDE 5. STATE		ere deceased	l lived If institu b. COUNT	Υ ,	ence befor		on)
Г	RURAL and give no		ls, write	c. LENGTH OF		4			,	rate limits, write	RURAL and	give nea	rest town	1)
L	UaKla			9 mos		<u> </u>	LON	5 0t	retcr	1		×		
1	<ul> <li>d. NAME OF HOSPIT OR INSTITUTION</li> </ul>	AL (If not in haspital, g				H	d. STREET ADI	DRESS					e. IS RES	FARM?
	174.15	Jursing	1 446	<u> </u>										NO []
3	NAME OF DECEASED	Fir	st	М	iddle		Lost		4. DATE	Mo	nth	Day	y	Yeor
	(Type or print)	Lav⊢nia	l .	Agne	S	ΙΣΤ	eir		OF DEATH	July		2		19 55
5	SEX	6. COLOR OR RACE	7. MARR	HED NEVER M	ARRIED 🔲	B. DA	TE OF BIRTH			9. AGE (In year last birthday)	IF UNDE			R 24 HRS.
	female	white	WIDOWI	ED 🔯 DIV	ORCED 🔲	11	ov. la	2, ⊥	877	ST AL		Doys	Hours	Min,
10 <sub>0</sub>	USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINE	SS OR INDU	STRY	11. BIRTHPLAC	CE (Stole «	or fareign co	ountry}	12. C	ITIZEN O	F WHAT	COUNTRY?
Ι.	nouso na			Jan Lou	ê				ali .			JU5		
13.	FATHER'S NAME					14	MOTHER'S M	AIDEN N	AME					
-	James will Unknown													
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CE5? 16	SOCIAL SECURIT	Y NO. 17 H	NFOR	MANT				dress			
1,,,	. Ito or distincting	for Next Black week on crowner on a	monte)			h g								
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and	(c).]		(	)				LINTE	RVAL BE	TWEEN
		TH WAS CAUSED BY.		cente 2	11.100	. (	1 X	1	$\alpha$			ONS	RVAL BE	DEATH
П	174x	DUE TO			March		THE IN		-	1				72-
	mandistance is a		0		V	. 1	1110	- 1	1 73		8.0	1	0	
	Conditions, if a gave rise to i	mmediate		ann	nin	7	4 rue	-	my	- Jun	ully	4		
	cause (a), stating	the under-		14.07	. 1						1	2	4	
1,	lying couse lost	) {c		/www.	in.								MO	
Į.	PART II OIS	IER SIGNIFICANT CON	DIRONS	ONIKIBUTING TO	DEATH BUT	NOI	KELATED TO T	HE TERMIN	NAL DISEASE	CONDITION G	IVEN IN PA	RT 1(0)(1)	PERFO	RMED?
Įψ													YES [	NO 🛛
CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING []  CAUSE OF DEATH  MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJU	RY OCCURRE	D. (En	ter noture of i	njury in P	art I ar Port	II of item 18.)				
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yes		NJURY OCCURRED	20e. PL	ACE C	F INJURY (Ho	me, farm,	20f. (City	or lawn)		(County)		(Stote)
ME ME	Hour o.m.	19	While of wor	Not while	ין וי	crory,	street, office b	nag., etc ;						
	21. I certify th	et I attended the	deceas	ed from	fan		195%	ta X	uly	2 195	7 that I	last sa	w the	deceased
	alive an	July 2	12 5	5. Z. and	hat death	acc	urred at		M. from	the causes				
		7								reet, city or/flowr		/1		ATE SIGNED
	ACTUAL SIGNATURE	Ilph C	يكيد	Lill		M B	KI	o.	2	W.		40	7 /	-175
		2	,			m.p.	X	لاقيميكة	./			- pro-	7-5	
	PHYSICIAN'S NAME (Type)	ALPH CI	7h	ANDR	ELLA	}		<u> </u>	itzu	wille	k	1	1-1)	
220	BURIAL, CREMATIO REMOVAL (Specify)	7/6/1 3	F ا ب	27c. NAME OF		-	matory orlal		22d. LOCAT	ION (City town,	or county)	á.	(Stat	e}
23.	FUNESAL DIRECTOR	S SIGNATURE TO	w.L	ADDRESS					BY REGIST		SISTRAR'S S	IGNATUR	E	
	1-2 million	nersi no.	e 23	East 1	Main			ATE JU	L 9 '5	9 6	withing of			
			H. 14.	Ostbur,	. Md.			AIL			- 40		-	



VS A15 (4) 1SM 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7982 CERTIFICATE OF DEATH

1 PLACE OF DEATH o. COUNTY G	ARRETT		MARYLAND	2 USUAL RESIDENCE O. STATE WE	ST VIRGIN		PREST(		ian)
b CITY OR TOWN (I RURAL and give no	f autside carporate limit AKLAND	s, write	LENGTH OF STAY IN 16		N (If autside carpoi	rate limits, write R	URAL and give r	earest low	n)
d NAME OF HOSPIT OR INSTITUTION EVANS	AL (If not in hospital, gi NURSING HO		ddress)	d. STREET ADDRESS  MAIN STREET  e is reconstructed by the street of the					
3. NAME OF DECEASED (Type or print)	ALL.		Middle A.	MAY	4. DATE OF DEATH	JULY			Year 19 <b>59</b>
s. sex MALE	6 COLOR OR RACE WHITE	7. MARRIE		MARCH 23,	1868	9 AGE (In years last bightay) yrs.	Months Pays	AR IF UNDI	Min
	ON (Give kind of work of the life, CLERK		IND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE ROWLE	,	ST VIRGI	NIA U	S.A.	OUNTRY?
3. FATHER'S NAME LEWIS M	A V			14 MOTHER'S MA	SA ROGERS				
			DOMESTIC DESCRIPTION DE LA COMPANION DE LA COM	NFORMANT	SM MOGENS	Addı			
15 WAS DECEASED EVE (Yes, no, or unknown)	(If yes, give wor or dates of se	rvice)		s. Mrs. Ma	rtha Elia			W.V	A .
	ATH [Enter only one country was CAUSED BY IMMEDIATE CAUSE (o) DUE TO	1	of (a), (b), and (c) ]  -onany The  -onany The  -onany The	intaction	Low	Lob.		of of o	
gave rise ta i cause (a), stating lying cause last		A-1	tan is school	tio Hout	- Discon	c é		500	C/2
PART II OTH	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	ET <b>ERMINA</b> L DISEAS	E CONDITION GIV	'EN IN PART I(o)	PERFC	ALTOPSY DRMED?
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCURRE	D. (Enter nature of inj	ury in Part I ar Pari	t It of item 18.)			
20c TIME OF INJUR Hour a.m. p.m.	Y Manth, Doy, Yea	While of work		ACE OF INJURY (Horn ctary, street, affice bld		or town)	(Count	у)	(State)
	nat I attended the	decease	m.	accurred at <b>2</b>	30 P.M. from		d an the da	te stated	
ACTUAL SIGNATURE	Yful (	Ow	-12, Jr. M.12	м.р	W D-a j	treet, city or town,		7-8	
PHYSICIAN'S NAME (Type)	ALFRED OWRE	, M.D		AUROR	A WEST V	IRGINIA.			
270 BURIAL CREMAT C REMOVAL (Specify) RemoVal & B	on. 226 DATE THEREO		22c. NAME OF CEMETERY OF AURORA CEMET			TION (City, town,	or county) T VIRGIN	(Stat	te)
23. FUNERAL DIRECTOR	Bens	A 72	TERRA ALTA W	. VA.	REC'D BY REGIST	RAR 24b. REGI	STRAR'S SIGNAT	URE	



ATTENDING by the hosp

1SM 10/57

IF UNDER TYEAR IF UNDER 24 HRS. Months Dovs 12 CITIZEN OF WHAT COUNTRY? U.S.A. Turh Orendorf. R.R.D. Accident. La. INTERVAL BETWEEN, (County) 19.5 7, that I last saw the deceased M. Fram the causes and an the date stated above. 22d. LOCATION (City, town, or county) 24b. REGISTRAR'S SIGNATURE DATE

e. IS RESIDENCE

ON A FARM? YES NO -

Year

19

PERFORMED? YES NO CI

(Stote)

DATE SIGNED

(Slote)



V\$ A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7984

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

07967

1. PLACE OF DEATH  o. COUNTY  GARRETT	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. 0	COUNTY	e before admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits	, write RURAL and g	ive nearest town)
OAKIAND	53 MIN.	X Oak	land		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	/ d. STREET ADDRESS	ALSO ALSO		e, IS RESIDENCE
GARRETT COUNTY MEMORIAL HO	SPITAL	TP.	oute # 1		ON A FARM?
3. NAME OF First	Middle	Last	4. DATE	Month	
(Type or print) BABY	BOY	SINES	OF DEATH	JULY	28 <sup>Poy</sup> Year 59
S. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (	AL 4	YEAR IF UNDER 24 HRS
MALE WHITE WIDOWE	D DIVORCED	JULY 28, 1959		yrs.	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b, 1 during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Slote	ar foreign country)	12 CITI	ZEN OF WHAT COUNTRY
TNFANT		MARYLAN	m.	Π.	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		9	V.A.
RICHARD SINES		HELEN C	ATHERINE V	HITACRE	
15. WAS DECEASED EVER IN U. \$. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. II	NFORMANT		Address	
	н	ELEN STNES.	ROUTE #1	OAKLAND.	MD.
IB CAUSE OF DEATH [Enter only one cause per line		1 /			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	neuntur	75-6	11100		ONSET AND DEATH
IMMEDIATE CAUSE (o)	- Telleuron	C 163	TARRY	* -	1 min
	Par Tune	Do b. T.	4	t -	
Conditions, if any, which (b)	remanus	- many	m grace	ula	
couse (a), stating the under-		/	Mua	Ternal)	
lying couse lost. (c)					1
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	TION GIVEN IN PART	PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	ort I or Port II of item	n 18)	
		ACE OF INJURY (Home, form,		(C	ounty) (State)
Hour o.m. While of work	INDI WILLIE	tory, street, office bldg., etc.	} }		
	3 20	11/2015	90/1		
21. I certify that I attended the decease	7	1/2, 141-1-, 10	- fred - uffelding.	7	ast saw the decease
alive on 191	, and that death				e date stated abov
ACTUAL A S 1/1/2	,	2	ADDRESS (Street, city	or town, state)	1 C FATE SIGNE
ACTUAL SIGNATURE / / / /	mel	м D	Man	10/	F / /2042)
PHYSICIAN'S NAME (Type) ANDREW E. MANCE		OAPT AND	) MD		
		OAKLANI			
220. BURIAL, CREMATION, 22b. DATE THEREOF, SEMOVAL (Specify) 7/29/59	SINCS C	emetery	Swallow scin	I //2	MSIOIE)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	/ / 24d. REC'C	BY REGISTRAR 2	4b. REGISTRAR'S SIG	
MINNICH TUNIFRAL	Hamp Wakl	and Myouralia	3 '59	Conthur S. 9	Track



after death! Page



TO DEPUTY MEDICAL EXAMINER

forworded TO FUNERAL or removol.

VS. A15ME(5) SM 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7986MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	d. COUNTY Garrett	t	MARYLAND	o. STATEaryla		b. COUNTY	dence before	odmission)
R	b. CITY OR TOWN (If outside con oute 135 to	Cumberlar	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF		imite, write RURAL or	nd give neare	st town)
	d. NAME OF HOSPITAL OR IT			. STREET ADDRESS				IS RESIDENCE
0	n route to I	Baltimore,	Nd.	/				ON A FARM?
3.	NAME OF DECEASED (Type or print)	Ronald	Middle Ernest	lost Tasker	4. DATE OF DEATH	Month July	Doy 2.	Year 19 59
		ite widow	RIED NEVER MARRIED 2 8.	DATE OF BIRTH [Ay 15, 194	_ lest b	E (In years inthday)  B yrs.  IF UNDE	Doys Ho	UNDER 24 HRS.
10	a. USUAL OCCUPATION (Give during most of working life, et L&DOI*OI*	una if antiquell	kind of Business or indust eneral Work	RY II. BIRTHPLACE (Stole Maryland			S.A.	HAT COUNTRY?
13	Ernest G. 1	lasker -		Nellie			-	
15	N. MAS DECEASED EVER IN U.		s. social security no. 17. In 16-38-1787 Mr	s. Nellie	Tasker	Address Mt. Lake	e Parl	k, Md.
1	PART I, DEATH WAS IMMEDIA		e for (a), (b), and (c).]	, ILLIENI,	Pullouin	(NG	INTERVAL E	SETWEEN D DEATH
	Conditions, if any, whit gove rise to immediate cau (a), stating the underlying couse last.	se (						
CERTIFICATION		1, 22	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONI	DITION GIVEN IN PA	RT 1(a) 19. W PE YES	RFORMED?
	20g. EXTERNAL CAUSE WAS PRIMARY OF GONTRIBUTE CAUSE OF DEATH.	NG 🗆 20b. DESCRI	BE HOW INJURY OCCURRED. (E	nter nature of injury in Port	t or Port II of item	18.)		
MEDICAL	20c. TIME OF INJURY M Hour o. m. p. m.	Whi		CE OF INJURY (Hame, form bry, street, office bldg., etc.)	20f. (City or taw	n) (Co	ounly)	(Stote)
			remains described about.  Accident . Suid			tian 😭, Inqui rmined cause 🗌		nd find that
	ACTUAL SIGNATURE - Curre	- H. J.	tenter fr.	_M.D. CHIEF MEDICAL EX	_		DA	TE SIGNED
	EXAMINER'S JATE	S H. FEASTE	E, JR., M. D.	DEPUTY MEDICAL E	77	7	-2-50	
22	BURIAL CREMATION, 226. REMOVAL (Specify) PUR 181	DATE THEREOF 5/1959	Deer Park Ce			ity, town, or county)	(	Stote)
	FUNERAL DIRECTOR'S SIGNA	TUSE //	ADDRESS	24- 0500	BY REGISTRAR	24b. REGISTRAR'S SI		

the same of the sa et. 

